

**NASSAU COUNTY YOUTH BOARD
REQUEST FOR PROGRAM TRANSPORTATION/ CONFERENCE**

Agency Name: _____

Program #: _____ Contract Period: _____

Funding Source: _____ YDDP _____ SDPP _____ RHYA _____ OTHER: _____

Transportation: Destination: _____ Date(s): _____

Purpose of Request: _____

Number of Participants:

Youth: _____ Staff: _____ Volunteers: _____

Mode of Transportation: _____ Estimated Transportation Cost: _____ Tolls: _____ Parking: _____

Entrance Fee Cost: _____ Total Cost: _____ Youth Board Share: _____

Approved for Agency: _____ **Date:** _____

Conference: Date(s): _____ Total Cost: _____ Youth Board Share: _____

ATTACH PROGRAM FLYER FOR CONFERENCE/SEMINAR/WORKSHOPS

Justification: _____

Names of Staff Attending: _____

Approved for Agency: _____ **Date:** _____

*******FOR YOUTH BOARD USE ONLY*******

Program Manager: _____ Date: _____

OFM Auditor: _____ Date: _____

Logged Out: _____ Mailed Copy to Agency: _____